

**APPLICATION FOR FIREWORKS PERMIT
UNINCORPORATED AREAS OF DES MOINES COUNTY, IOWA**

Submit To: Des Moines County Auditor, Courthouse, 513 N. Main, Burlington, Iowa 52601

APPLICANT (MUNICIPALITY, FAIR ASSOCIATION, AMUSEMENT PARK, ORGANIZATION, GROUP OF INDIVIDUALS) _____ **PHONE:** _____

ADDRESS OF APPLICANT: _____

NAME OF APPLICANT'S REPRESENTATIVE COMPLETING APPLICATION: _____

REPRESENTATIVE'S DATE OF BIRTH (DOB): _____

DATE/TIME OF DISPLAY INCL. RAIN DATE: _____

LOCATION OF DISPLAY: _____

DETAILED DESCRIPTION OF DISPLAY

OPERATOR (Name and DOB) _____ **PHONE:** _____

ADDRESS: _____

Qualifications of Operator (Copy of proof must be attached)

1. _____ Pyrotechnic Guild International, Inc. / American Pyrotechnic Association certification
2. _____ Other formal fireworks safety training. Please specify: _____

Fire Prevention Measures:

I _____, being Fire Chief of the _____ Fire Department,
_____ Township, do hereby approve of the display, location and fire prevention measures
for this Fireworks display. **Fire Chief/ Designee Signature & Date** _____

I hereby affirm that I understand that no person shall handle or explode Fireworks while under the influence of alcohol, narcotics, or drugs which could adversely affect judgment, movements, or stability; that no person will set up or explode Fireworks after 11:00 pm; that no person will set up or explode Fireworks who is not 18 and qualified as set out above or who is not under the direct supervision of the Operator; that the Operator will conduct a thorough search for any unexploded Fireworks or fuses; that any unexploded Fireworks will be stored or disposed of in a safe manner; and that the Sponsor, Operator, and I will follow its terms and the laws of the State of Iowa. Further, I specifically agree to protect, defend, and hold Des Moines County, Iowa, its officers and employees, and the Fire Chief/designee who signs this application harmless from any and all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I am applying.

Signature of Applicant & Date _____

This Application (is) (is not) approved by the Des Moines County Board of Supervisors on the
_____ day of _____, _____.

Chairperson, Des Moines County Board of Supervisors

Copy to: Des Moines County Sheriff; Fire Chief; Police Dispatch